

FIELD OFFICE REGISTRATION SERVICE EMPLOYEE LISTING

Instructions:

- Type or print clearly in black ink.
- This form and the Registration Service Application for Employee Changes, form OL 630, must be submitted to a Licensing Inspector when adding or deleting employees.
- An employee may not submit registration transactions for processing prior to a Licensing Inspector's approval.
- Deletions of employees must be reported to the department within ten (10) days.
- A copy of the approved listing must be submitted by the licensee to the Office Manager (or designee) of the assigned DMV office.

A. FIRM INFORMATION					
FIRM NAME		AREA CODE/TELEPHONE NUMBER		OL NUMBER	
FIRM ADDRESS		CITY		STATE ZIP CODE	
List all persons employed by the registration	service to submit	registration work	to DMV.		
TRUE FULL NAME (LAST, FIRST, INITIAL)	DRIVER LICENSE #	DATE OF BIRTH	STATE LICENSE	AUTHORIZED TO SIGN FOR OWNER OR MGT.	
(2.6,7,)			ISSUED	YES	NO
B. CERTIFICATION					
I certify (or declare) under penalty of perjury un	der the laws of the S	tate of California th	at the forego	oing is true	and correct.
I further certify that I accept full responsibility for authority to sign for the owner or management.	or the actions of thos	e employees listed	as well as th	ose employ	ees given
PRINTED NAME OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY			TITLE		
SIGNATURE OF SOLE OWNER, ANY PARTNER, CORPORATE OFFICER, OR LLC MEMBER ONLY			DATE		
C. INSPECTOR APPROVAL					
PRINTED NAME OF INSPECTOR/NUMBER			OFFICE		
SIGNATURE OF INSPECTOR		DATE			
SIGNATURE OF INSPECTOR			DATE		